
State:	District of Columbia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Group Accident & Health Insurance		
Project Name/Number:	MBA.SpecAcc.2012/T12-46		

Filing at a Glance

Company:	Metropolitan Life Insurance Company
Product Name:	Group Accident & Health Insurance
State:	District of Columbia
TOI:	H02G Group Health - Accident Only
Sub-TOI:	H02G.000 Health - Accident Only
Filing Type:	Rate
Date Submitted:	07/18/2012
SERFF Tr Num:	META-128583482
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	T12-46 (SB)
Implementation	On Approval
Date Requested:	
Author(s):	Sandra Bennett, Ruth Rivera, Linda Williams
Reviewer(s):	Darniece Shirley (primary), Carolyn King
Disposition Date:	
Disposition Status:	
Implementation Date:	
State Filing Description:	

State: District of Columbia **Filing Company:** Metropolitan Life Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Group Accident & Health Insurance
Project Name/Number: MBA.SpecAcc.2012/T12-46

General Information

Project Name: MBA.SpecAcc.2012 Status of Filing in Domicile: Pending
Project Number: T12-46 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: Resubmission Previous Filing Number: META-128256481
Group Market Size: Large Group Market Type: Trust
Overall Rate Impact: Filing Status Changed: 07/20/2012
State Status Changed:
Deemer Date: Created By: Sandra Bennett
Submitted By: Sandra Bennett Corresponding Filing Tracking Number: META-128256482

Filing Description:

This is a Group Accident and Health Insurance filing. (The Forms are concurrently being filed with your department)

Company and Contact

Filing Contact Information

Mark Diefenderfer, Senior Consultant mdiefenderfe@metlife.com
18210 Crane Nest Drive 813-983-4927 [Phone]
Building #5 813-983-4940 [FAX]
Tampa, FL 33647

Filing Company Information

Metropolitan Life Insurance CoCode: 65978 State of Domicile: New York
Company Group Code: 241 Company Type: Life
MetLife Group Name: State ID Number:
1095 Avenue of the Americas FEIN Number: 13-5581829
New York, NY 10036-6796
(212) 578-2211 ext. [Phone]

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
Metropolitan Life Insurance Company	\$0.00		

State:	District of Columbia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Group Accident & Health Insurance		
Project Name/Number:	MBA.SpecAcc.2012/T12-46		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information	Attachments
1		Actuarial Memorandum	MBA.SpecAcc.2012	New		Life of Duty full actuarial memo.pdf

METROPOLITAN LIFE INSURANCE COMPANY
LIFE OF DUTY BENEFIT
ACTUARIAL FILING MEMORANDUM

Life of Duty Benefit

A benefit is paid upon death or hospital confinement of 30 or more consecutive days, if the event that caused death or hospital confinement resulted in the member receiving a Purple Heart Award. The benefit is equal to \$25,000 for death and \$2,500 for hospital confinements of 30 or more consecutive days. The maximum benefit payable is \$27,500.

The premium for the benefit is \$17.75 per member per year. The premium was calculated as shown below. Statistics on the number of active military and number of purple hearts awarded was obtained from publicly available websites including <http://www.fas.org/sqp/crs/natsec/RL32492.pdf> and <http://www.purpleheart.org>.

Life of Duty Benefit - Premium Derivation

Number of Active Military	1,400,000	
Number of purple hearts awarded annually	4,000	November 2009 edition of National Geographic - Afghan and Iraq Wars
% of military awarded PH	0.29%	
% of members receiving PH	0.29%	
Average Benefit	\$4,825	Assumes 7% of PH awarded upon death, 90% for hospitalization and 3% hosp. then died
Expenses	22.50%	
Annual Premium per member	\$17.75	

Expenses of 22.5% are comprised of:

Administrative Fees to TPA	10.0%
Other compensation and marketing	10.0%
Premium and other taxes	2.5%

The projected loss ratio is 77.5%.

To the best of my knowledge and judgment, the rate submission is in compliance with the applicable laws and regulations of the state and the benefits are reasonable in relation to the premiums.



Marian Zeldin
Vice-President & Actuary

April 25, 2012

State:	District of Columbia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Group Accident & Health Insurance		
Project Name/Number:	MBA.SpecAcc.2012/T12-46		

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Actuarial Justification		
Bypass Reason:	As per your instructions, the Actuarial Memorandum is attached to the Rate Schedule tab.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	NAIC NAIC L-A&H Transmittal Document		
Comments:	Attached is the NAIC L-A&H Transmittal Document		
Attachment(s):			
NAIC L-A&H Transmittal Document 1-1-2009.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Life of Duty full actuarial memo DC		
Comments:	Attached is the Life of Duty full actuarial memo DC		
Attachment(s):			
Life of Duty full actuarial memo DC.pdf			

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	District of Columbia
----	---------------------------	----------------------

2.	Department Use Only
	State Tracking ID


3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Ins Co. 1095 Ave of the Americas MSC39087 NY, NY 10036	NY		241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Mark Diefenderfer 18210 Crane Nest Dr., Bldg 7 Tampa, FL. 33647	813-983-4927	813-983-4940	mdiefenderfe@metlife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
----	-----------------------	--

6.	Company Tracking Number	T12-46
7.	<input type="checkbox"/> New Submission <input checked="" type="checkbox"/> Resubmission Previous file # META-128256481	
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Other: _____
9.	Type of Insurance (TOI)	H02G
10.	Sub-Type of Insurance (Sub-TOI)	H02G.000
11.	Submitted Documents	<div> <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div> Rates <input checked="" type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _ </div>

12.	Filing Submission Date	July 18, 2012	
13	Filing Fee (If required)	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval	N/A	
15.	Filing Description:		
<p>This resubmission includes rates for use with approved form Certificate form MBA.SpecAcc.2012 (META-128256482, approved May 3, 2012). The rate component of the filing was closed with this comment: "Comment: Health Insurance Rate Filing Procedures were not followed per the State's request on April 30, 2012." We have revised the actuarial memorandum in an effort to satisfy those requirements.</p> <p>We trust that this will permit the Department to approve this filing. Please contact me with any questions.</p> <p>Mark Diefenderfer</p>			

16	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____ DC _____.</p>		
Print Name <u>Mark Diefenderfer</u>		Title <u>Contract Analyst</u>
Signature 		Date: <u>July 18, 2012</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		T12-46
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1

METROPOLITAN LIFE INSURANCE COMPANY
LIFE OF DUTY BENEFIT
ACTUARIAL FILING MEMORANDUM

Purpose and Scope - This benefit will be offered to association members who are in the active military and receive a Purple Heart award.

A. Life of Duty Benefit Description

A benefit is paid upon death or hospital confinement of 30 or more consecutive days, if the event that caused death or hospital confinement resulted in the member receiving a Purple Heart Award. The benefit is equal to \$25,000 for death and \$2,500 for hospital confinements of 30 or more consecutive days. The maximum benefit payable is \$27,500.

B. Renewability – the benefit is annually renewable.

C. Applicability: The rates apply to form MBA.SpecAcc.2012 and will be available to MBA members who meet the eligibility requirements. This is an Open block, available to newly enrolled members.

D/E. Marketing and Underwriting method - The Life of Duty benefit will be offered to members who are in the active military. No underwriting is required for this benefit.

F. Issue Age ranges – This benefit is available at ages 16-62. Coverage ceases at age 70.

G. Premium Basis – The premium for this benefit is \$17.75 per year.

H. – M. Not applicable

N. Anticipated Loss Ratio - The projected loss ratio is 77.5%.

Pricing Assumptions

Life of Duty Benefit - Premium Derivation

Number of Active Military	1,400,000	
Number of purple hearts awarded annually	4,000	November 2009 edition of National Geographic - Afghan and Iraq Wars
% of military awarded PH	0.29%	
% of members receiving PH	0.29%	
Average Benefit	\$4,825	Assumes 7% of PH awarded upon death, 90% for hospitalization and 3% hosp. then died
Expenses	22.50%	
Annual Premium per member	\$17.75	

Due to the nature of this benefit, no assumptions were made for interest rates or persistency.

Expenses

Expenses of 22.5% are comprised of:

Administrative Fees to TPA	10.0%
Other compensation and marketing	10.0%
Premium and other taxes	2.5%

Proposed Effective Date – the proposed effective date for this benefit is 8/1/2012.

I certify that to the best of my knowledge and belief the entire rate filing is in compliance with the applicable laws of the District of Columbia and the rules of the Department of Insurance and that premium is reasonable in relation to benefits.

A handwritten signature in black ink, appearing to read "Marian Zeldin". The script is cursive and fluid.

Marian Zeldin
Vice-President & Actuary

July 17, 2012